

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

09/380270

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
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49		/		/		
50		/		/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
51			/				/				/	
52			/				/				/	
53			/				/				/	
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TOTAL IND.	31		9									
TOTAL DEP.	69		18									
TOTAL CLAIMS	100		27									